



FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90010 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1998 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000012977 (0)			
1. Corporation Name SUNSHINE VISION NETWORK, INC.			
Principal Place of Business % TAMPA EYE CLINIC 3000 W. DR. MARTIN LUTHER KING, JR. BLVD. TAMPA FL 33607		Mailing Address % TAMPA EYE CLINIC 3000 W. DR. MARTIN LUTHER KING, JR. BLVD. TAMPA FL 33607	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent RICHARDSON, JOHN B JR 3000 W DR MLK TAMPA FL 33607		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	WEINSTOCK, STEPHEN M.D.	1.1 TITLE	Change Addition
STREET ADDRESS	1345 WEST BAY DRIVE, SUITE 101	1.2 NAME	
CITY-ST-ZIP	LARGO FL 34640	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	Change Addition
TITLE	D	2.1 TITLE	Change Addition
NAME	KANTOR, ROBERT L M.D.	2.2 NAME	
STREET ADDRESS	2111 BEE RIDGE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	2.4 CITY-ST-ZIP	Change Addition
TITLE	D	3.1 TITLE	Change Addition
NAME	HENDERSON, GREGORY L M.D.	3.2 NAME	
STREET ADDRESS	403 VONDERBURG DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	3.4 CITY-ST-ZIP	Change Addition
TITLE	D	4.1 TITLE	Change Addition
NAME	LORENZEN, TIMOTHY R	4.2 NAME	
STREET ADDRESS	300 MARTIN LUTHER KING, JR. BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	4.4 CITY-ST-ZIP	Change Addition
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Change Addition
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  5/25/99 813877-2020			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			